Case 0	6-10725-gwz Doc 9393-2	XPRS	OB OF CLAIM	:50 Page	e 2 of 10
		0			
Name of Debtor Case N					
USA Commercial Mo	ortgage Company	06-107	/25-LBR		
arising after the commencement	f Debtors and Case Numbers o make a claim for an administrative exp nt of the case A "request" for payment a filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and A BARROSO, PE 3231 CAMBRII LAS VEGAS N	Address: 1132124203373 EDRO DGESHIRE ST IV 89146	38	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTE! ONE OF THE DE If you have air Bankruptcy Court	DO NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BYORS eady filed a proof of claim with the cor BMC, you do not need to file again
Creditor Telephone Number (7			court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or of	ther number by which creditor identifies	debtor	Check here replace or if this claim amen	a previously	/filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	Wages,	salaries and compensation (fill out below)	Other claims against servicer
Services performed	Taxes	Last four	digits of your SS #	,	(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
		<u> </u>	AUDZ IIIA AMAIA		(date) (date)
2 DATE DEBT WAS INCURR	IED IM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		the time acce filed
See reverse side for important e		at Dest descr	•	unt or the Gaim at	ure ume case med
UNSECURED NONPRIORITY	Y CLAIM \$		SECURED CLAIM		
	no collateral or lien securing your claim or b		· II	our claim is secu	red by collateral (including
exceeds the value of the properties to priority	perty securing it, or if c) none or only part of y	our claim is	a right of setoff)		
UNSECURED PRIORITY CLA	VM		Brief description of		
	unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority			Value of Collateral	\$	
Amount entitled to pnority Specify the priority of the clair	\$		Amount of arrearage ar secured claim, if any	nd other charges	at time case filed included in
Domestic support obligations	under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits tower	ard purchase lease	or rental of property or
	ions (up to \$10 000)* earned within 180 days		services for personal family o	r household use -1	1 USC § 507(a)(7)
before filing of the bankruptcy business whichever is earlie	y petition or cessation of the debtor's	느	Taxes or penalties owed to go		
	s benefit plan - 11 U S C § 507(a)(5)	L	Other - Specify applicable para		
			* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 ar iced on or after the	nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIR	M \$ \$		\$		\$
AT TIME CASE FILED	(unsecured)	(8	secured)	(pnonty)	(Total)
Check this box if claim include	des interest or other charges in addition to ti	he principal	amount of the claim Attach ite	mized statement of	` ` `
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim.					
ACCEPTED) so that it is a for each person or entity (governmental units)	leted proof of claim form must be sen actually received on or before 5 00 pm (including individuals, partnerships, o	n, prevailin corporatio	g Pacific time, on Novembe ns, joint ventures, trusts an	er 13, 2006 ad	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group		BMC Gro	OR OVERNIGHT DELIVERY TO up		
Attn USACM Clarms Docke P O Box 911 El Segundo, CA 90245-091		Attn USA 1330 East	CM Claims Docketing Center t Franklin Avenue do, CA 90245	F	ILED OCT 0 4 2006
	IGN and print the name and title if any of the	ne creditor or			USA CMC
Soft 26 2006	this claim (attach copy of power of attor	nev if anv)	DRU BARROSI		1072500316
Penalty for presenting fraudulent cl	alm is a fine of up to \$500 000 or imprisonme	ent for up to	5 years or both 18USC 881	152 AND 3571	
	702 876 4184			<u> </u>	SEE NEXT PACE
No. of Section 2000 and Section (1980).	id 1- in the sense and the sense and the sense of the	ABURAN POLINICADO (ANTA)		Marie American and	でいるないのである。 では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ

FORM B10 (Official Form 10) (10/05)

UNITED STATES BA	NKRUPICY COURT	Dıs	TRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company			Number 6-10725	THOSE OF GEAM
	f not be used to make a claim for an administ for payment of an administrative expense ma			7
	person or other entity to whom the property) EY III IRA #086082	else you givii	ck box if you are aware that anyone has filed a proof of claim relating to relaim. Attach copy of statementing particulars	
Name and address wher RICHARD F CASEY III IRA PO BOX 1578	e notices should be sent A #086082	note case		
LOS GATOS CA 95031 18 Telephone number	578	addi the	ck box if the address differs from the ress on the envelope sent to you by court	THIS STACE IN HIR COURT USE ONLY
Last four digits of account identifies debtor	nt or other number by which creditor		ck here 📋 replaces is claim 📋 amends a previously f	iled claim dated
Basis for Claim Goods sold Services period Money loand Personal inju	rvices performed to(date)			
2 Date debt was in	curred	3	If court judgment, date obtained	ed
Unsecured Nonprior. Check this box if b) your claim exceeds to only part of your claim. Unsecured Priority C. Check this box if yenitiled to priority. Amount entitled to prio. Specify the priority of the c. Domestic support o. (1)(1)(B)	rity \$	r	a right of setoff) Brief Description of Collate □ Real Estate □ Moto Value of Collateral \$	or Vehicle Other parges at time case filed included in purchase lease or rental of property household use 11 U S C § 507(a)(8)
Contributions to a	bankruptcy petition or cessation of the debte arlier 11 U S C § 507(a)(4) n employee benefit plan 11 U S C § 507(a)	*An	nounts are subject to adjustment on a with respect to cases commenced or	4/1/07 and every 3 years thereafter
+ UNLIQUIDATED	aim includes interest or other charges in add	\$ lition to th	50,000 (insecured) (secured) e principal amount of the claim Att	50,000 (priority) (Total) ach itemized statement of all
6 Credits The am making this proof of	ount of all payments on this claim has been claim	credited a	nd deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
orders invoices iten agreements and evid documents are not at 8 Date Stamped Cop addressed envelope a	nents Attach copies of supporting documents attached to running accounts contradence of perfection of lien DO NOT SEN variable explain If the documents are volument to receive an acknowledgment of the fill and copy of this proof of claim	octs court D ORIGII minous at ling of you	Judgments mortgages secunty NAL DOCUMENTS If the tach a summary Ir claim enclose a stamped self-	FILED NOV 09 2006
Nov 7, By		he credito ney if any	r or other person authorized to y)	USA CMC

NITED STATES BANKRUPICY COURT	DISTE	rici oi Nevada	PRODEDECIAIM
Nume of Debtor Case Number			RECEIVED AND FILE
SA Capital Murtgage Co	BK	5-06-10725-LBK	
Off This form should not be used to make a claim for an administ the case. A request, for payment of an administrative expense may	•	-	2006 AUG 14 P 12.
ame of Creditor (The person or other entity to whom the bio owes money or property) The Chieppedda Trust And a Jeanne the appedda TTEF lame and address where notices should be sent	else h your i giving Check notice	box if you are aware that anyone as filed a proof of claim relating to claim. Attach copy of statement g particulars. box if you have never received ar as from the bankingtey court in this	n Airmon dinter of L
Tourne chappetha 7043 Cunama Pr Sourks No 89436 elephone number 175-354-1317	addre the c	box if the address differs from the ss on the envelope sent to you by ourt k here	THIS STACE IS NOT COURT U.T. ONLY
ast four digits of account or other number by which creditor lentifies debior	1	s claim amends a previously	filed claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other		Retiree benefits as defined Wages sala ies and compe Last four digits of your SS Unpaid compensation fo s from	nsation (fill out below) # ervices performed
2 Date debt was incurred 4-29-05	3	If court judgment, date obtain	ned
□ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim □ Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority S Specif, the priority of the claim □ Domestic support obligations under 11 U S C \(\frac{1}{2}\) 507(a)(1)(A) (1)(1)(B) □ Wages salaries or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the del business whichever is earlier 11 U S C \(\frac{1}{2}\) 507(a)(4) □ Contributions to an employee benefit plan 11 U S C \(\frac{1}{2}\) 507	which is or hin 180 blor s *Ai	Brief Description of Collaboration Brief Description of Collaboration Value of Collateral \$ Amount of arrearage and other secured claim if any \$ Up to \$2 225* of deposits toward or services for personal family of \$507(a)(7) Taxes or penalties owed to gover Other Specify applicable parage mounts are subject to adjustment of	tor Vehicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	5	(unseased) (secured)	(prionty) (Total)
Check this box if claim includes interest or other charges in a interest or additional charges	addition to tl		
6 Credits The amount of all payments on this claim has be making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts con agreements and evidence of perfection of lien. DO NOT St documents are not available explain. If the documents are vo. 8 Date Stamped Copy. To receive an acknowledgment of the addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the this claim (attach copy of power of a control of the control of	uments such ntracts cour END ORIG bluminous a e filing of vo	as promissory notes purchase t judgments mortgages security INAL DOCUMENTS If the attach a summary our claim enclose a stamped self or or other person authorized to	THIS SEACH IS FOR COURT USE ONLY USA CMC
Sulob Da Chicasal J		1 1 1	71 2 2 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

Case 06-10725-gwz Doc 9393-		itered 10/15/11 13:4	45:50 Pa	ge 5 of 10
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	ĽŘR¢	OF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claım I	D s31239
USA Commercial Mortgage Company			Amount/Classific	ation
OSA Confinercial Mortgage Company	06-107	725-LBR	\$25 903 59 Unse	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts refle	octed above constitute your claim as
Name of Creditor and Address DONALD P CLARK FAMILY TRUST DATED 10/25/94 C/O DONALD P CLARK TRUSTEE 305 W MOANA LN RENO, NV 89509 4924	00467	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or E filed If you have alr	Debtor or pursuant to a filed claim If a amounts set forth herein and have no it the Debtor you do not need to file EXCEPT as stated below nown above are listed as Contingent, Disputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 775 - 828 - 3355		court	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here		
CLIENT ID 2749		Check here I replace of this claim amer	 a previously 	y filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries, and compensation (fill out below)	Other claims against service
Services performed Taxes	_	digits of your SS #	9536	Other claims against servicei (not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 1 - 30 - 75	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that it		the state of the s		e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			our claim is secu	ired by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it or if c) none or only part of your		a right of setoff)	Jul 3/4/17/15 5554	ind by conditional (including
entitled to priority	Cidimis	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	_	e 🔲 Other
Check this box if you have an unsecured claim all or part of which is			_	
entitled to priority		Value of Collateral	· —	
Amount entitled to priority \$		Amount of arrearage as secured claim, if any	nd other charges ¢	at time case filed included in
Specify the priority of the claim				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family o	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u> </u>	Other Specify applicable para	•	- ,,,,,,
Commission to all or project belief plant. The deal of contact of		* Amounts are subject to adjust with respect to cases comment	tment on 4/1/07 an ced on or after the	d every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	709	01156 \$		\$ 709 011.56
AT TIME CASE FILED (unsecured)	(s	ecured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	•	•	., ,,	, ,
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available explain. If the d	agreemen	ts and evidence of perfection	n of lien DON(oces, itemized statements of OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			-	d envelope and copy of this
The original of this completed proof of claim form must be sent	t by mail	or hand delivered (EAVES)	NOT	THE CRACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm	, prevailir	ng Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, c governmental units)				Foled Dite
BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO				
Attn USACM Claims Docketing Center	BMC Group Attn USACM Claims Docketing Center			4/25/2006
1 mm m 1 m m m m m m m m m m m m m m m		t Franklin Avenue do, CA 90245		•
DATE SIGN and print the name and title if any of the				USA CMC
this claim (attach copy of power of attorne		outon poroon authorized to file		103A CIMO 1072500231
	- \	DITD		1072500231

Case 06a16785-000725-1990 9393m217 Entered 116/15/11016745 159ge Plagres6 of 10

FORM B10 (Official Form 10) (10/05)	7(IIIBII B				
UNITED STATES BANKRUPTCY COURT	DISTRICT OF		PROOF OF CLAIM		
Name of Debtor USA Commercial Mortgage Company	Case Number 06-	-10725-LBR			
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma	trative expense arising to live filed pursuant to	after the commencement 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Donna M. Cangelosi, Trustee of the Donna M. Cangelosi Family Trust Name and address where notices should be sent:	else has filed a pyour claim. Atta giving particular. Check box if you	u are aware that anyone proof of claim relating to ach copy of statement is. u have never received any bankruptcy court in this			
Donna Cangelosi 5860 Lausanne Drive Reno, Nevada 89511 Telephone number: (775) 530-7079	case. Check box if the	address differs from the nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor:	Check here if this claim	replaces amends a previously file	d claim, dated: 12/12/06		
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes	Wage Last Unpa	ree benefits as defined in 1 es, salaries, and compensa four digits of your SS #: _aid compensation for servi	tion (fill out below)		
Taxes Other See Exhibit A 2. Date debt was incurred: March, 2001		udgment, date obtained:	·····		
4. Classification of Claim. Check the appropriate box or boxes the					
See reverse side for important explanations. Unsecured Nonpriority Claim \$ 768,560.86 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is entitled to priority. Secured Claim Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Value of Collateral: Value of Collateral: Value of Collateral: Value of Collateral: Secured Claim Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 13,178.21					
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or	or services	for personal, family, or hou	chase, lease, or rental of property usehold use - 11 U.S.C.		
(a)(1)(B) Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
5. Total Amount of Claim at Time Case Filed: Check this box if claim includes interest or other charges in additional charges.	\$ 768,560. (unsecured) ition to the principal a	(secured) (r	768,560.86 priority) (Total) h itemized statement of all		
interest or additional charges. 6. Credits: The amount of all payments on this claim has been	credited and deducted	d for the purpose of	THIS SPACE IS FOR COURT USE ONLY		
 making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volu 8. Date-Stamped Copy: To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. 	cts, court judgments, p D ORIGINAL DOCU ninous, attach a summ	mortgages, security JMENTS. If the nary.			
Date Sign and print the name and title, if any of file this claim (attach copy of power of attor	ney, if any):				
Jona M. Chan	las of	mestro			

Nome of Debtor USA Commercial Mortgage Company Care Number 13 11 7 Other	Form B10 (Official Form 10)		
Name of Deboto U.S.A. Commercial Mortgage Company See Number SEV.01-10755-LBR	UNITED STATES BANKRUPTCY COURT DISTRICT OF NEV	ADA	,
A measure for personan of an administrative Exposeur may for filled personant of the person and continued for personan or other months of whom the debter overs money or property. Ernest W Libman IRA Name and Valderes where sonces should be sent Ernest W Libman I TOPS client view Drive Last Vegas NN 89134 6121 Telephone No (702) See Attrachment Account or other market by which credion: Ambeby of the address on the envisions are increased any sonces from its backers of the address of the envisions on the envisions of the address of the envisions of the envisions of the address of the envisions	Name of Debior USA Commercial Mortgage Company	USA Commercial Mortgage Company	
Ernest W Librain IRA Name and Videnes where socies should be sens Ernest W Librain 1709 Glenview Drive Las Vegas N 89134 6121 Telephone No (702) See Attachment Amesburry/Hatters Point I BASIS FOR CLAIN Goods—of the address differ from the addr	NOTE. This form should NOT be used to make a claim of an administrative expense aris. A request for payment of an administrative expense may be filed pursuant to it. U.S.C.	ing after the commencement of the case. Section 503	
Name and Videres where sources should be seen Ernest W Libman 1709 Glenvey Drive Las Vegas NV 89134 6121 Telephone No (702) See Attachment Account or other number by which creditor sheeds of the control of the con	Name of Creditor (The person or other entity to whom the debtor owes money or		
Salarmed (Jobers a where nonces should be sent		that anyone else has filed a proof of claim relating to your	
Trop Glervicew Drive	Name and Address where notices should be sent		
Total passes NV 89134 6121	Ernest W Libman		
Check her if this claim Check her if thi	1709 Glenview Drive		
Account or other number by which creditor Identifies debbor Amesbury/Hatters Point cpisaces anends a previously filed claim, dated	Las Vegas NV 89134 6121	Check box if the address diffurs from the address on the envelope	
replaces anends a previously filled claim, dated	Telephone No (702) See Attachment	sent to you by the court	
BASIS FOR CLAIM			Lucky Shad clause disted
Goods -old Waters salaries, and compression(FILL OUT BELOW) Your Sound Society # Unpaid comps, nation for services performed from Waters salaries and compression (FILL OUT BELOW) Your Sound Society # Unpaid comps, nation for services performed from Claim at time case filed \$1_2.821 (Unscaured) \$ (date)			
Services performed Your Social Security # Unpaid comp, nation for services performed from Unpaid comp, nation Unpaid c			
Constitution for servered performed from Constitution for servered performed for servered performed from Constitution for servered from Constitution for serv			· ·
Taxes Other	l == -	Unpaid compensation for services pr	erformed from
Taxes		(date) To (date)	
2 Date Debt was incurred 3. If court judgment, date obtained 4 Total amount of claim at time case filed \$12,821 (Unscured) \$ (Secured) \$ (Pnonty) \$ 12,821 (Total) \$ [Fall or part of your claim as secured or enabled to priority also complete, its in S or 6 below Check this box if claim includes interest or other charges in addition to the principal amount of the claim. After an interact statement of all interest or additional charges. 5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff) Check this box if your claim is secured by collateral (including a right of setoff) Check this box if your claim is secured by collateral (including a right of setoff) Check this box if your claim is secured by collateral (including a right of setoff) Check this box if your claim is secured by collateral including a right of setoff) Check this box if your claim is secured priority. Claim Check this box if your claim is secured priority claim. Amount enabled to priority \$ (Secured) Check this box if your claim is secured priority claim. Amount enabled to priority \$ (Secured) Check this box if your claim is secured priority claim. Amount enabled to priority \$ (Secured) Check this box if your claim is secured priority claim. Amount enabled to priority \$ (Secured) Check this box if your claim is secured priority claim. Amount enabled to priority \$ (Secured) Check this box if your claim is secured priority claim. Amount enabled to priority \$ (Secured) Check this box if your claim is secured priority claim. Amount enabled to priority \$ (Secured) Check this box if your claim is secured priority claim. Amount enabled to priority \$ (Secured) Check this box if your claim is secured priority of the claim Check this box if your claim is secured priority of the claim Check this box if your claim is secured priority of the claim Check this box if your claim is secured priority of your claim is secured priority of your claim. Amount of all payments on this cla	<u> </u>	(0010)(0011)	
Total amount of claim at time case filled \$12.821 (Unscurred) \$ (Secured) \$ (Pnontry) \$ 12.821 (Total)	LJ Other		
If all or part of your claim is secured or entitled to priority also complete. It on 5 of 6 below Check this box if claim includes interest or other charges in addition to the principal amount of the claims. Attach an itemazed statement of all interest or additional charges. Secured Claim	2 Date Debt was incurred	3. If court judgment, date obtained	
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)			
Check this box if your claim is secured by collisteral (including a right of setoff) Brief description of collisteral Motor Vehicle Mages, salaries or commissions up to \$4,650° carried with 90 days before filing of the bankrupticy petition, or cessation of the debtor's business, whichever is earlier - 11 U.S.C.§ 507(a)(3) Up to \$2,100° of deposits toward purchase, lease or rental of property Or services for personal, family or household use - 11 U.S.C.§ 507(a)(4) Up to \$2,100° of deposits toward purchase, lease or rental of property Or services for personal, family or household use - 11 U.S.C.§ 507(a)(4) U.S.C.§ 507(a)(7) Taxes or penaltics owed to a spoose former spouse, or child - 11 U.S.C.§ 507(a)(7) Taxes or penaltics owed to governmental units. 11 U.S.C.§ 507(a)(8) "Amounts are subject to adjustment on 4/198 and every three years thereafter with respect to separating documents. Anach copies of supporting foruments. Such as promissiony notes purchase orders, invoices, termized statements of numming accounts, court guidments. mortganes security agreements and evidence of perfection of hen. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous. attach a summary Date: Sign and print the gauge and title, if any of the creditor or other person authorized to file this claim (attach copy of partners) of partners of nummors. Emest W. Libman. Owner Penalty for presenting froudulent claim. Fine of up to \$500,000 or imprisonment for up to \$5 years, or both 18 U.S.C. \$\$152 and 3571	If all or part of your claim is secured or entitled to priority also complete litem 5 or 6	below	
Brief description of collateral Motor Vehicle Motor Vehicle Wages, salaries or commissions up to \$4,650° carried with 90 days before filing of the bankruptcy petition, or cessation of the debior's business, whichever is earlier = 11 U.S.C. § 507(a)(3) Contributions to an employee benefit plan = 11 U.S.C. § 507(a)(4) Up to \$2.100° of deposits toward purchase, lease or renal of property Or services for personal, family or household use = 11 U.S.C. § 507(a)(4) Up to \$2.100° of deposits toward purchase, lease or renal of property Or services for personal, family or household use = 11 U.S.C. § 507(a)(4) Up to \$2.100° of deposits toward purchase, lease or renal of property Or services for personal, family or household use = 11 U.S.C. § 507(a)(4)	If all or part of your claim is secured or entitled to priority also complete litem 5 or 6 Check this box if claim includes interest or other charges in addition to the princip	below al amount of the claim. Attach an itemized s	
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FILED NOV 0 9 2006



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UNITED STATES DISTRIC	BANKRUPTCY COURT CT OF NEVADA	E MR (DOF BOF CLAIM	YOUR CL	AIM IS SCHEDULED AS
Name of Debtor		Case Nu	ımher		A-7-1954
USA Commercial Me	ortgage Company		725-LBR	Amount/Classifica	ation HFA- Clear Loke presty sourced poo fulcest It to present
NOTE See Reverse for List of	of Debtors and Case Numbers	l	T	\$ 80,0	noo functes!
	to make a claim for an administrative ex	pense	neck pox if you are	1 /2 3	11 To present
	ent of the case A request" for payment	t of an	aware that anyone else has filed a proof of claim relating	1 Pm	•
	e filed pursuant to 11 U S C § 503		to your claim Attach copy of		cted above constitute your claim as Debtor or pursuant to a filed claim If
LEWIS H FINE & A	113212400	002195	statement giving particulars (heck box if you have nevel received any notices	you agree with the other claim agains	amounts set forth herein and have no t the Debtor you do not need to file EXCEPT as stated below
PO BOX 487 OAKLEY UT 8409	55 0487		from the bankruptcy court or BMC Group in this case		nown above are listed as Contingent, Disputed, a proof of claim must be
			(heck box if this address differs from the address on the envelope sent to you by the	If you have alre	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (court	1 ' '	E IS FOR COURT USE ONLY
	other number by which creditor identifies	debtor	Chack hare repla	1000	
954	·		Check here I repla	_r a previously	/ filed claim dated
1 BASIS FOR CLAIM		Retiree l	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries and compensation	(fill out below)	Other claims against servicei
Money loaned	Other (describe briefly)		r digits of your SS # compensation for services pe	erformed from	to
		·			(date) (date)
2 DATE DEBT WAS INCURE			OURT JUDGMENT, DATE (
4 CLASSIFICATION OF CLA See reverse side for important e	IM Check the appropriate box or boxes that explanations	t best descri	be your ≏laim and state the amou	int of the claim at th	e time case filed
UNSECURED NONPRIORITY			SECURED CLAIM		
Check this box if a) there is nexceeds the value of the properties on titled to priority	no collateral or lien securing your claim or b) yourly securing it or if c) none or only part of you	your claim ur claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLA	AIM		Brief description of		T who at
12.43	n unsecured claim all or part of which is		Real Estate L		Other 1 1/ens
Amount entitled to priority	\$ 80,000-			·	at time case filed included in
Specify the priority of the clair			secured claim, if any	\$	
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	ions (up to \$10 000)* earned within 180 days y petition or cessation of the debtor's	г	services for personal family of Taxes or penalties owed to go		* ****
business whichever is earlied	r 11 U S C § 507(a)(4)	Ē	Other Specify applicable para	agraph of 11 USC	§ 507(a) (
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proof of claim The original of this comp	leted proof of claim form must be ser	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is a for each person or entity	actually received on or before 5 00 pn (including individuals, partnerships,	n, prevaili	ng Pacific time, on Noveml	ber 13, 2006	USE ONLY
governmental units) BY MAIL TO BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO) Ell En	DEC 6 4 sees
Attn USACM Claims Dock	eting Center	Attn USA	ACM Claims Docketing Cente st Franklin Avenue	er FILED	DEC 0 4 2006
El Segundo CA 90245 091		El Segun	do CA 90245		
DATE /2/1/06	this claim (attack copy of source attorn	e creditor or ney if any)	other person authorized to file	1 2	USA CMC
	Huse IV Fine of up to \$500 000 or imprisonmen	ار) اعلما (۱۸ مجا بر	PATONDOM 1811Ch 8515	52 AND 3571	1072501532
- , onany ioi presentina naudulent Ci	ωπιτισ α πιτο σταμ το φουσ σου στημημηςυηπι ε π	ᄯᄱᅏᅜᄣᄱᅜᅜ	בו 20 טאב עסו ווועיפווטן וארט ווועיפווטן ווועיפווטן ווועיפון	IL MINU JOI I	

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UNITED STATES HANKRUSE CY COURT	ERR	OF OF CLAIM	15.50 Pag	re 9 of 10
Name of Debtor:	Case Nu	mher:		
Name of Debtor:				
USA Commercial Mortgage Company	06-107	'25-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address: 11321242035748 HANDAL, JOHN	8	statement giving particulars. Check box if you have never received any notices	DEBTORS YOU D OF CLAIM. THIS BORROWER HEL	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT .D IN THE COLLECTION ACCOUNT.
-2608 5 LAMINGO RB John A. Handal -EAG VEGAS NV 80121 John A. Handal 3575 Siskiyou Ct.		from the bankruptcy court or BMC Group in this case. Check box if this address	9	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS.
Наугvard, ČA 9454.	2	differs from the address on the envelope sent to you by the court.	Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (510) 581 - 3754		Court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor:	Check here replain or if this claim amer	 a previously 	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
☐ Money loaned ☐ Other (describe briefly)		ompensation for services pe	rformed from:	to
2. DATE DEBT WAS INCURRED: NOVERBER / 11/2004	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box of boxes that	t best descri	ha waya alaim and atata the ama	unt of the eleter of t	he time case filed.
See reverse side for important explanations.	ATTERE	SECURED CLAIM	HFA-WII	VDHAM MILLS
UNSECURED NONPRIORITY CLAIM \$ 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check this box if yo	our claim is secur	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of you	our claim is	a right of setoff).		
entitled to priority. HFA - WIND HAM MILLS UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		☑ Real Estate ☐ Value of Collateral		Other
Amount entitled to priority Specify the priority of the claim:		Amount of arrearage ar secured claim, if any:	nd other charges	at time case filed included in PRINC IPAL 139, 167 /NT. 7/LL
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	г	Up to \$2,225* of deposits toward	•	4/15/00
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal, family, of Taxes or penalties owed to go	or household use -1	1 U.S.C. § 507(a)(7).
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable par		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju- with respect to cases commer		
5. TOTAL AMOUNT OF CLAIM \$ BLOGO \$ (unsecured)		secured)	(priority)	_ \$ <u>2 89, 167 (till 4/12</u> (Total) &
Check this box if claim includes interest or other charges in addition to the	•	•		, ,
6. CREDITS: The amount of all payments on this claim has been cred 7. SUPPORTING DOCUMENTS: Attach copies of supporting docu-				
running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the	agreement	s, and evidence of perfection	of lien. DO NO	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.				envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or	, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units).	-	-		USA CMO
BY MAIL TO: BMC Group	BMC Gro			1072500955
Attn: USACM Claims Docketing Center P. O. Box 911		CM Claims Docketing Cente t Franklin Avenue	r	. 37.2000000
El Segundo, CA 90245-0911	El Seguno	do, CA 90245		FU CD
DATE Nov 3 2006 SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn	e creditor or ney, if any):	r other person authorized to file		FILED NOV 0 2 200

nd classic or time of up to \$5000,000 or implementant for up to 5 years, or holb. 18 U.S.C. \$5 152 MID 3571